

①

UNITED STATES DISTRICT COURT

for the
Southern District of IllinoisKevin DawsonCase Number: 25-742-SMY

(Clerk's Office will provide)

Plaintiff(s)/Petitioner(s)

v.

☐ CIVIL RIGHTS COMPLAINT under ADA & RA of IL
pursuant to 42 U.S.C. §1983 (State Prisoner)☐ CIVIL RIGHTS COMPLAINT

pursuant to 28 U.S.C. §1331 (Federal Prisoner)

☐ CIVIL COMPLAINTpursuant to the Federal Tort Claims Act, 28 U.S.C.
§§1346, 2671-2680, or other law

official capacity Latoya Hughes Director IDOC
 official capacity Soleen Kuhnert Asst ADA Coordinator
 official capacity Frank Lawrence ADA Coordinator/Warden
Warden Anthony Willis official capacity
 Defendant IDOC

I. JURISDICTION

Plaintiff:

A. Plaintiff's mailing address, register number, and present place of
 confinement. # M53531 menard IL 62259 PO Box 1000
Confinement in Healthcare unit Menard IL Department of Correction

Defendant #1:

B. Defendant Latoya Hughes is employed as
 (a) (Name of First Defendant)

Director IDOC
 (b) (Position/Title)

with State of Illinois
 (c) (Employer's Name and Address)

1301 Concordia Court P.O. Box 19277 Springfield IL 62794

At the time the claim(s) alleged this complaint arose, was Defendant #1
 employed by the state, local, or federal government? ☒ Yes ☐ No

If your answer is YES, briefly explain: She The Director of
Illinois department of correction & At all time
Relevant to this complain & Current still working as
was working when complain Arose

Defendant #2:

C. Defendant Joleen Kuhnert is employed as

(Name of Second Defendant)

Assistant ADA coordinator

(Position/Title)

with IL DOC Menard

(Employer's Name and Address)

711 Kaskaskia Street, Menard IL 62259

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? ☒ Yes ☐ No

If you answer is YES, briefly explain:

She is Assistant ADA coordinator at the time Menard Correctional Center and currently still is working for state & is Relevant at all time to this complaint

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

Defendant Frank Lawrence is employed as

WARDEN & ADA coordinator
(Name of Third Defendant)
Position/Title

with IL DOC Menard

Employer's Name and Address

711 Kaskaskia Street, Menard IL 62259

At the time the claim(s) alleged in this complaint arose, was Defendant #3 employed by the state, local, or federal government? ☒ Yes

If you answer is yes, Briefly explain

He is WARDEN and also is ADA Coordinator at the time when complaint arose and currently still working for state and at Menard Correctional Center and Relevant at all time to this complaint

- ① DEFENDANT FRANK LAWRENCE IS A WARDEN in menard and also is The ADA Coordinator and name herein as defendant in his official capacity
- ② Defendant Joleen Kuhnert is an assistant ADA Coordinator in menard and name herein as defendant in here official capacity
- ③ Defendant LATOYA hughes name herein as defendant - Here in She is DIRECTOR of ILLinois Department of correction, & name herein AS Defendant IDOC & Her official capacity
- ④ Defendants Anthony willis is A warden #1 over all and name Here in as The warden of menard & defendant here in his official capacity

Additional Defendants

Defendant Anthony willis is employed as

WARDEN #1

Position/ title

with IL DOJ Menard

Employers name an address

711 Kaskaskia street Menard IL 62259

At The Time of Claim alleged in This complaint arose was Defendant #4 employed by State, Local or Federal government ☒ yes

if you answer is YES Briefly Explain

Anthony Willis is Warden # 1 and at all time ? at the time when this complain arise was an still is head coarden CAO an Relevant to This Complain B/c work for State of Illinois I Doc and when he grievance it goes to him for approval And Relevant To This

(4)

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? ☒ Yes ☐ No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. List ALL lawsuits in any jurisdiction and indicate the court where they were filed to the best of your ability, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits:

Plaintiff(s): Kevin Dawson

Defendant(s): Christie Brown
Wexford

2. Court (if federal court, name of the district; if state court, name of the county): Southern Illinois Court

3. Docket number: 3:18-CV-2058-NJR

4. Name of Judge to whom case was assigned: Don't have paper work of Judge
I TRY to get it from law library never sent it to me

5. Type of case (for example: Was it a habeas corpus or civil rights action?): Civil Rights

6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?):

Settlement was Reach



7. Approximate date of filing lawsuit: AROUND 2018 October or so
8. Approximate date of disposition: AROUND 2022 or so I think
9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?" NO

III. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No

C. If your answer is YES,
1. What steps did you take?

File A grievance about matter Explain to matter face
TO face with asst ABA coordinator Grievance # K48244179
August 2024 SPEAK TO her August 30 2024

2. What was the result?

Went throw step Menard 2nd Level deny it an i appeal
it to last step ARB Springfield an deny it stated They
Deal with the matter

D. If your answer is NO, explain why not.

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No

F. If your answer is YES,
1. What steps did you take?

II

(3)

- ① PARTIES TO previous LAWSuits
Plaintiff: Kevin Dawson
Defendant Cook County & Doctor petal etc and
- ② Court if Federal court name of the District if state court name of County
Federal Court Chicago IL downtown
- ③ Docket number dont Remember. I TRY get the case # through Law Library in
Memorandum of all LAWSuit, file under my name. They did provide
- ④ name of Judge to whom case was assigned. dont know it
- ⑤ Type of case Civil suit Medical
- ⑥ Disposition of case was dismissed
- ⑦ Approximate date of filing LAWSuit Around 2011 OR 2012
- ⑧ Approximate date of Disposition Around 2013 or so
- ⑨ Was the case dismissed as being frivolous malicious or
for failure to state a claim upon which Relief may be
granted and/or did the court tell you that you Received a
"STRIKE" NO

II

- ① PARTIES TO PREVIOUS LAWSuits
Plaintiff KEVIN DAWSON LACY FARRIS etc
Defendants COOK county Thomas DART
- ② Court (if federal court name of The District if state court name of county) Federal court Chicago IL Northern District
- ③ Docket number! dont Remember I TRY get the case # from Law Library in Menard They never provide me with information
- ④ name of Judge to whom case was assigned: dont have his/her name
- ⑤ Type of case:: Civil suit under ADA suit
- ⑥ Disposition of case: was Settlement Reached
- ⑦ Approximate date of Filing lawsuit: AROUND 2014 or SO
- ⑧ Approximate date of disposition: AROUND 2015 or SO
- ⑨ Was The case dismissed as Being Frivolous malicious or for failure to state a claim upon which relief may be granted and/or did The Court Tell you that you Received a "strike" NO

- ① PARTIES TO PREVIOUS LAWSuits
Plaintiff KEVIN DAWSON
Defendant: City of Chicago Police Thomas Dart
- ② Court Northern District court Chicago IL Federal court
- ③ Docket number dont Remember I TRY TO get it through Law Library in Menard

II

- ④ Name of Judge to whom case was assigned: I don't have that information
- ⑤ Type of Case: was Civil suit
- ⑥ Disposition of case: was partially settled with Chicago Police on a claim against Thomas Dart
- ⑦ Approximately date of filing lawsuit: around 2012 or so
- ⑧ Approximately date of Disposition around 2017 or so, I don't remember that
- ⑨ Was case Dismissed as Being frivolous, malicious or for failure to state a claim upon which Relief may be granted and/or did the Court Tell you that you Received a "STRIKE" NO

① PARTIES TO Previous Lawsuit.
Plaintiff Kevin Dawson
Defendant Patel et al

- ② Court was Northern District Court Court Federal Chicago IL
- ③ Docket number I don't remember, I try to get it thru law library Menard never sent it
- ④ Name of Judge to whom case was assigned: I don't remember or know
- ⑤ Type of Case: Civil suit medical lawsuit
- ⑥ Disposition of case: was dismissed
- ⑦ Approximately date of file in lawsuit: around 2013 or so, I think
- ⑧ Approximately date of Disposition: I don't remember
- ⑨ Was the case dismissed as Being frivolous, malicious or for failure to state a claim upon which Relief may be granted and/or did the Court Tell you that you Received a "STRIKE" NO



IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

I Kevin Dawson is A wheelChair Bound person in wheelChair who suffer gunshot wound to spinal cord That left me wheelChair Bound waste down ON June 5th 2024 I was Brought to Menard Correctional Center MAXIMUM Security Prison from a ada Prison Lawrence MAXIMUM Prison I WAS put in (HCU) healthcare unit Room 323 with out NO Bars in Room on wall or on Toilet. I was later notify ON August 21st 2024 I was The only wheelChair Bound person in wheelChair By unknown % And Heard from / ADA coordinator Assistant Tellen some ADA people who walking Around (HCU) 8/21/2024 That Dawson is The only wheelChair Bound person in prison all other used wheelChair for long Distant only.. so August 23th 2024 I was move in cell/Room 321 NO Bars Toilet is not ADA. difficult fallen over AN over Shower is difficult to access. I file a grievance Bout Shower & Room late August 23 2024 & late August 28 or 29 ON Bottom Assistant ADA coordinator came talk to me 8/30/2024 face to face Bout grievance, file I explain to her Bout cell NO Bars an Shower Chair is Broken she started tell me she understand & stated she tryin to Be nice in a smart way Before walk away an % ask her if she wanted to go see Shower? which is direct in front my Room which she did go see Shower an Left. she never Return i went throw

Rev. 10/3/19

Grievance Procedure That Require ON January 10 2024 I file A next grievance b/c Nothing Bein done Not Replace Broken chair an ON January 13th 2025 Shower Chair Break with me which I Hit head

2. What was the result?

G. If your answer is NO, explain why not.

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

I have sent All my grievance copy I have
 file & Administrative Remedy Response I Recieve
 TO Attorney Thomas G. Morrissey B/c I was TRYING
 TO see if He was going or want to file This
 case for me include a Final Response from
 Administrative Review Board in Springfield IL
 So I dont have A copy But on April 7th 2025
 I wrote Thomas G. Morrissey & Patrick Morrissey LTD
 TO Send me Back my copies so I attach it to
 This lawsuit. This only Reason I dont
 attach copies of My Grievances & all the
 Step I file an Procedure I went through
 My grievance # KY-824-4179 which I file in
 August 2024 on I went through The procedure all
 The way TO A.R.B. on They Respond, I
 Also wrote grievance officer for a copy on
 April 27 2025 on attach a money voucher with it

STATEMENT of Claim continue

HARD IN SHOWER B/c menard Continue to deny me proper Equipment like Shower Chair which is Broken Failure to Replace it & I was seen by nurse check me out stated I have a goosebump in my head & Check eyes with Light - for concussion & provide me multiv after stated nurse practitioner stated to give me multiv complain I cant go into shower with wheel chair. its too small to go in an cant Transfer ON side way AN nothing Bein done about it when ask aba assistant coordinator for provide in me with At lease a chair to go over toilet B/c its too Low she stated ON August 30th 2024 TO me That I cant have none & she was if you had one she cant provide me none. Tell Her I have difficult to used SINK B/c it attach to toilet and have to used toilet Backwards she said she TRYn to Be nice to me AN walk away to go see shower Tell her shower in middle not working nothing Be done Tell Her that I have, TO used the end Shower an There are a Barrier TO prevent chair goes in nothing Be done AND This she aware of SINCE I arrive in menard B/c she stated TO some ABA personnel from outside an the only wheel chair Bound in menard ON August 21st 2024 even complain TO ABA people from Spring field who stated They work for The state an aware of me.

VIOLATIONS of The Americans with Disabilities Act (Against Defendant IDOC)

- ① Plaintiff Dawson is A Qualified individual and has Been Disabled within the Meaning of The ADA at all Relevant times Alleged Here & AT ALL Time during His Incarceration at Menard Correctional Center SINCE June 5th 2024
- ② The foregoing actions, policies and procedures of IDOC Through it employees medical and Health personnel Correctional officers and contractors have Violated and continue to Violate TITLE II of The ADA 42 U.S.C 12131 et seq in Light of Dawson's Disability which Includes His confinement to A wheelChair Due to Him Being PARALYZED This includes But is not limited to the following Below.
 - Ⓐ Failing to provide Dawson with appropriate SAFE AND Accessible Toileting Facilities AND Appurtenances IN Menard As Part of ADA Prison in IDOC That Held wheelChair Bound individual
 - Ⓑ Failing To provide Dawson with Appropriate SAFE and accessible Showering facilities and Appurtenances for wheelChair Bound individual like Mister Dawson The Plaintiff
 - Ⓒ Failing To provide Dawson with Appropriate SAFE Accessible CELL OR Housing in Menard Healthcare unit or it Prison Being Him Be wheelChair Bound as other ADA Prison in IDOC
- ③ Defendant IDOC HAS FAILED TO Meet The Required physical Accessibility Need for wheelChair Bound Dawson in Menard Prison Healthcare unit. Failed to make any Reasonable Accommodations on Behalf of Dawson. Dawson HAS Been

pg 4 Denied necessary Treatments Toileting Showering and Basic Hygiene facilities Has Not Been provided an appropriate cell AND Housing since in Menard That WheelChair Bound Person needed AND Has otherwise Been subjected TO Discrimination By Reason of and as a Result of His Disability

- (4) while incarcerated in Menard Dawson HAS MADE Request for Reasonable Accommodation for His disability in form of Accommodations But not Limited to HIS enema Treatments and Requested wheelChair accessible Shower AND Toilet facilities AND cell and Housing in Menard But HAS BEEN and continue TO BE denied Access to such accommodations
- (5) IN FACT Dawson BEING in Menard since June 5th 2024 AND official ARE on was an still AWARE Dawson was wheelChair Bound Assistant ADA coordinator was aware and still aware Dawson IS wheelChair Bound in Menard That doesn't House wheelChair Bound Person as Rest of ADA Prison IN IDOC can do nothing. Knowing Dawson in cell IN Menard without Accessibility's. Knowingly There are NO ADA Cells where Dawson House AND not SAFE
- (6) IN FACT when Dawson has complain of His LACK of Access TO These Items He filed A' grievance, Related TO cell AND Showers for His Accommodation for his Disabilities on TEL Assistant ADA coordinator Joleen Kuhnert IN FACE TO FACE conversation on site Denied His Request and turn a Blind

eye to his Request on his complain & needs about his cell have no bars toilet & tired being fall & shower since August 30th 2024. His Grievance # K4-824-4179 has been deny by MENARD & ARB dated 8/21/2024

The IDOC and its employees personnel staffs contractors have not only failed or refused to provide the accommodations they have retaliated against him in a punitive fashion and further deprived him resources and accommodation

- ⑦ Dawson has incurred injuries and serious health problems due to the IDOC's failure to accommodate his disability including but not limited to falls difficulty with his bowels and bodily functions and severe pain and suffering
- ⑧ The Illinois Department of Correction & Menard misconduct in this regard was objectively unreasonable and undertaken intentionally with malice willfulness and reckless deliberately indifference to Dawson rights & still doing so

WHEREFORE Kevin Dawson This Plaintiff Respectfully Requesting That This Court enter Judgment in his favor and Against Illinois Department of Correction as follow

- ① Find conduct of (IDOC) violated The Americans with Disabilities Act and Award Dawson such Damages as are Available in AND Amount to compensate Dawson

- pg 6
- 6
- ③ ENTER A PRELIMINARY and Permanent INJUNCTION ORDERING The ILLINOIS Department of correction TO immediately Begin providing Americans with Disabilities Act Compliant Facilities AND Accommodations TO DAWSON.
- ④ AWARD DAWSON Punitive Damages against IDOC in an amount sufficient to Punish The ILLINOIS Department of correction for it malicious AND Reckless conduct in regard of DAWSON's Rights and serve as an example and warning TO The ILLINOIS Department of correction and others prisons NOT TO Engage in Similar conduct in The future
- ⑤ AWARE DAWSON his costs expended in Prosecutions of This suit AND
- ⑥ AWARE DAWSON such other and further Relief as the court Deems Just and Fair proper

Count 2

VIOLATION of ~~Rehabilitation~~ Acts of 1973 Against defendant IDOC

- ⑨ Plaintiff DAWSON incorporate The allegation contain in preceding paragraphs as Though fully set forth herein
- ⑩ Defendant IDOC Receive Federal Financial assistance
- ⑪ As at all Times Relevant TO This complaint DAWSON HAS Been disabled with in The meaning of The RA. 29 U.S.C 7911

#3

12) The foregoing action policies and procedures of The Illinois Department of Correction Through its employees staff health Personnel correctional officers Contractor have violated and continue to violate Section 504 of The RA in Menard in light of Dawson disability. Which includes his confinement To A wheelchair. More specifically that include But not Limited To the following

- A) Failure to Provide Dawson with appropriate safe accessible showering facilities and appurtenances and
- B) Failure to Provide Dawson with appropriate safe or accessible cell or housing
- C) Failure To Provide a safe appropriate Place to do his medical exams
- D) Defendant IDOC has failed to Meet The Required Physical Accessibilities needs and failed to make any Reasonable accommodation on Behalf of Dawson when he first complain AND denied necessary Toilet/showering Basic hygiene facilities has not Been provide an appropriate cell Housing and otherwise subject TO discrimination By Reason of and as a Result of His disability
- 13) Dawson has Fall injury his head ON January 13 2025 B/c Defendant fail to Act on Provide Dawson with showering stuff Not Limited To Chain That Broken with him who he complain about since August 2024.

#8 (14) Dawson HHS continue to fail due to lack of accessibility and b/c He Been deny Accommodation & Can Result in Real Bodily harm including but not limited to Falls an severe Pain an suffering

(15) The IDoc misconduct in this Regard was objectively UnReasonable and undertaken intentionally with Malicious Willingness and Reckless deliberately Interference to Dawson Rights

Wherefore Plaintiff Dawson Respectfully Request This Court enter Judgment in his favor against Defendants Illinois Department of correction as follows

- (A) Find The conduct of IDoc violated The Rehabilitation Act of 1973 and AWARD DAWSON such damages as are available in an amount
- (B) Enter A preliminary and permanent injunction ordering The IDoc TO immediately Begin providing Rehabilitation act compliant facilities And accommodation TO Dawson
- (C) Award DAWSON punitive damage against The Illinois Department of correction in an amount sufficient TO Punish Them for Their MALICIOUS an Reckless Conduct in disregard of DAWSON Rights. An serve as an example and warning TO The IDoc and others NOT TO engage in similar conduct in The future
- (D) Pursuant TO Section 504 OF The RA. 29 U.S.C 794 (a) and such other authority as may Be applicable award Dawson His Reasonable Attorney fee And expense

#9
17

9

(E) AWARD Dawson his costs expended in prosecution of this suit and

(F) AWARD Dawson such other and further relief as The Courts Deems Just Fair and Proper

Jury Demand

Plaintiff Kevin Dawson demands a TRIAL By JURY
ON all counts so TRIABLE

April 25-2025

Respectfully submitted

Kevin Dawson

(K Dawson)

PO Box 1002

Menard IL 62259

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

Request A Injunction against menard prison for Holding me in
They prison which is not ada prison for wheelchair round plus
Hold them asking for monetary compensation or punitive
Damage in sum of \$125,000 & compensative damage \$125,000 each
or whatever court feel deem FAIR

VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed
on:

April 25-2025
(date)

Kevin Dawson
Signature of Plaintiff

PO BOX 1000

Street Address

Kevin Dawson

Printed Name

menard IL 62259

City, State, Zip

M53531

Prisoner Register Number

Signature of Attorney (if any)

United States District Court
SOUTHERN DISTRICT OF ILLINOIS

Kevin Dawson
Plaintiff,

VS.

Latoya Hughes et al
Defendant

Case No.: _____

NOTICE OF FILING

TO: Latoya Hughes
1301 Concordia
Court Po Box 19277
Springfield IL 62794-9277

TO: Frankie Lawrence
711 Kaskaskia Street
Menard IL 62259

TO: Joleen Kuhnert
711 Kaskaskia Street
Menard IL 62259

TO: Anthony Willis
711 Kaskaskia Street
Menard IL 62259

PLEASE TAKE NOTICE that on April 25, 2025, I have provided service to the person(s) listed above by the following means:

☒ Electronically filed through Menard Correctional Law Library

☐ Institutional mail at _____ Correctional Center, properly addressed to the parties listed above for mailing through the United States Postal Service.

DECLARATION UNDER PENALTY OF PERJURY

Pursuant to 28 USC 1746 and 18 USC 1621, I declare under penalty of perjury that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

Date: April 25, 2025

/s/ _____
NAME: Kevin Dawson
IDOC#: M53531
Menard Correctional Center
P.O. Box 1000
Menard, IL 62259

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO INDIVIDUAL IN CUSTODY'S GRIEVANCE

Grievance Officer's Report		
Date Received: 09/05/2024	Date of Review: 09/05/2024	Grievance #: K4-0824-4179
Individual in Custody Name: Dawson, Kevin	ID#: M53531	
Nature of Grievance: ADA Accommodations		
Facts Reviewed: Individual in Custody filed a 08/23/2024, marked an emergency. On 08/30/2024, Chief Administrative Officer determined this to not be an emergency. He is grieving that he is paraplegic, in a wheelchair and he does not have bars in his cell to help assist him in using the toilet. He is requesting something to help him get on and off the toilet. Relief Requested: "For someone ADA Coordinator really tell what they plan with me b/c 1 C/O tell me there are aware of me been paralyze and if they could put me in one room with like bars to toilet an sink where, could actually go wash face on hand good b/c I have to go side way on the sink in 3-11 in got to hold button for water to run either cold or hot. Like to be move to at least one room with bars in there while, wait for surgery or provide me with a wheelchair that could go over toilet on stuff like that on my cell b/c am not asking a lot accommodation little accomodation." This grievance was marked ADA Disability Accommodation by the Individual in Custody, and it was forwarded to the ADA Coordinator for review on 08/30/2024. continued on back page....		
Recommendation: It is the recommendation of this Grievance Officer that this Individual in Custody grievance be DENIED. ADA Coordinator addressed issues.		
Heather Young/Correctional Counselor I	Heather Young	Digitally signed by Heather Young Date: 2024.09.05 14:17:39 -05'00'
Print Grievance Officer's Name	Grievance Officer's Signature	
(Attach a copy of Individual in Custody's Grievance, including counselor's response if applicable)		

Chief Administrative Officer's Response		
Date Received: 09/05/2024	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur
<input type="checkbox"/> Remand		
Action Taken: CC:ADA Coordinator		
Kevin Reichert	Digitally signed by Kevin Reichert Date: 2024.09.16 07:43:53 -05'00'	
Chief Administrative Officer's Signature	Date	

Individual in Custody's Appeal To The Director		
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)		
Individual in Custody's Signature	ID#	Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO INDIVIDUAL IN CUSTODY'S GRIEVANCE (Continued)

On 08/30/2024 the Assistant ADA Coordinator spoke with Dawson M53531 in response to grievance. Dawson M53531 self-reports he doesn't know what is going on with him and thought he would be going back to Lawrence CC. Dawson M53531 is housed in the HCU 3rd floor infirmary on a security hold under Restrictive Housing status. Dawson M53531 reported struggling with the shower and transferring to the shower chair and the toilet in his cell. Per security staff and ADA attendant, Dawson M53531 has not requested assistance of any kind since arriving at MENCC. Dawson M53531 was advised an ADA attendant is available for any ADA needs he has, including transferring. The current ADA shower in the HCU infirmary is not in working order due to a leak. Maintenance has been notified via email of the need for repair. Dawson M53531 will continue to receive ADA assistance as needed and requested. Dawson M53531 stated he did not have any other ADA concerns at this time. Dawson M53531 was educated on how to contact the ADA Coordinator if future concerns or needs arise.

For any future ADA concerns, please write to the ADA Coordinator or Assistant ADA Coordinator directly, prior to submitting a grievance. It is not necessary to author a grievance for ADA requests. If there is a denial of an accommodation a grievance is then warranted.

Housing Unit: HCU Bed #: 3-11

Illinois Department of Corrections
Individual in Custody Grievance

Pilot Program Only

Date: <u>Aug 21-2024</u>	Individual (please print): <u>Kevin Dawson</u>	ID #: <u>M53531</u>	Race (optional): <u>Blk</u>
Current Facility: <u>Menard</u>		Facility where grievance issue occurred: <u>Menard</u>	
Nature of Grievance:			
<input type="checkbox"/> Staff Conduct	<input checked="" type="checkbox"/> ADA Disability Accommodation	<input type="checkbox"/> Personal Property	<input type="checkbox"/> PREA
<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Restoration of Sentence Credit	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Disciplinary Report:	<input type="checkbox"/> Dietary	<input type="checkbox"/> Other (specify):	
Date of Report		Facility where issued	

Note: Protective Custody denials may be grieved immediately via the local administration on the protective custody status notification.

Attach a copy of any pertinent document (such as Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

- Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
- Grievance Officer, only if the issue involves discipline at the current facility or issue not resolved by counselor
- Chief Administrative Officer, only if EMERGENCY grievance
- Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility, except medical and personal property issues, or issues not resolved by the Chief Administrative Officer

Date & Summary of Grievance (Provide information including a description of what happened, when and where it happened, and name or identifying information for each person involved):

I Kevin Dawson M53531 is a paraplegic from gunshot to spinal cord I am writing this grievance b/c on 8/21/2024 I saw some other people come in front of cell where I was House 3-23 HCU an over heard someone lady stated am the only wheelchair boy inmate in Menard other than the best wheelchair people who use wheelchair for long distance am finally realize am not even in a cell with bars and then on Aug 23-2024 I move to 3-11 with out bars too and I tired of like the real struggle an difficult to used toilet with out Bar of a chair over it real difficult to get off toilet without fall I tired of

☒ EMERGENCY: Check only if grievance involves substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance

☒ Continued on Reverse

Relief Requested:

For someone ADA coordinator Really tell me what they plan with me Blk I go tell me there are aware of Mr Brian Paralyze and if they could put me in one room with bars to toilet an sink where I could actually go wash face an hand good b/c I have to go side way an the sink in 3-11 gotta hold button for water to run either cold or hot like to be move to atleast one room with bars in there while I wait for surgery or provide me with a wheelchair that could go over toilet an shift like that in my cell b/c am not asking a lot ~~for~~ accommodation little accommodation

K Dawson
Individual in Custody Signature

M53531
ID #

Aug/23/2024
Date

Counselor Response (if applicable):

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Date Received: _____

Note to Individual: If you disagree with the counselor's response, it is your responsibility to forward grievance, with counselor's response, to the grievance officer.

EMERGENCY REVIEW:

Date Received: Aug 30 2024

Assigned Grievance #/Institution: K4-0824-4179

Is this determined to be of an emergency nature:

☐ Yes, expedite emergency grievance.

☒ No, an emergency is not substantiated. Individual should submit this Grievance according to standard grievance procedure.

First Level Received: _____

Second Level Received: SEN SEP 05 2024

Please check if using if utilizing follow up DOC 0743p

12-B ADA Physical Accessibility
12-C ADA Physical Accommodations
Toilet/Shower Room - Bars

A. S. O. O.
Chief Administrative Officer Signature

9.3.24
Date

Have to Cried toilet Backwards like sit on toilet opposite way just in order to use it an able to get Back in my wheel chair 3x a week I Realize am waitin for Surgery an in sec But no body come an Talk to me Bout my issue Here in menard

Regardless am very independent of doing things for myself its Much easier with the Bars and the wheel chair able to go in shower for easy transfer to shower Bench with shower chair

I was just waitin to see if I go Surgery But look like No body no nothing Bout my schedule or nothing

I feel on numerous time Tryin to transfer to shower chair out in wheel chair out still actual shower an shower chair in shower

its Real difficult if you are Paralyze to do that an seems like No Body know nothing Bout me

Call 3-11 am an u Got to hold Hot or Cold water Button for water to Run so difficult to Run wash Hand Good

I wrote ada coordinator But dont hear Nothing

I used crema so some time I have to Rush to toilet an its Really difficult nothing to Grab on to Get up there the Normal way

an worse my muscle spasms Gettin Bad But an difficult when have spasm ON Toilet nothing to hold on to But wheel chair

Dont want or like complain B/c dont want no Retribution of no kind B/c

I Already got Beat up B/c Dickinsonville 56 an lie ON me, But Hit officer and stated to me TA get well Follow me so I try Keep far from asking for anything

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

FORM

1-01

Signature of Attorney or other Originator requesting service on behalf of

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY -- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		

I hereby certify and return that I ☐ have personally served ☐ have legal evidence of service ☐ have executed, as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or the on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete, only different from shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including enclaves	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Petition)

REMARKS

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
prisoner.esl@ilsd.uscourts.gov

ELECTRONIC FILING COVER SHEET

Please complete this form and include it when submitting any type of document, letter, pleading, etc. to the U.S. District Court for the Southern District of Illinois for review and filing.

Dawson, Kevin
Name

153531
ID Number

Please answer questions as thoroughly as possible and circle yes or no where indicated.

1. Is this a new civil rights complaint or habeas corpus petition?

Yes or No

If this is a habeas case, please circle the related statute: 28 U.S.C. 2241 or 28 U.S.C. 2254

2. Is this an Amended Complaint or an Amended Habeas Petition?

Yes or No

If yes, please list case number: _____

If yes, but you do not know the case number mark here: _____

3. Should this document be filed in a pending case?

Yes or No

If yes, please list case number: _____

If yes, but you do not know the case number mark here: _____

4. Please list the total number of pages being transmitted:

34

5. If multiple documents, please identify each document and the number of pages for each document. For example: Motion to Proceed In Forma Pauperis, 6 pages; Complaint, 28 pages.

Name of Document

Number of Pages

Civil Rights Complaint

34

Please note that discovery requests and responses are NOT to be filed, and should be forwarded to the attorney(s) of record. Discovery materials sent to the Court will be returned unfiled.